



# **HAWAII STATE ETHICS COMMISSION ORGANIZATION'S OR INDIVIDUAL'S EXPENDITURES AND CONTRIBUTIONS REPORT**

(To be filed by organizations, employing organizations and individuals  
other than registered lobbyists)

FORM ORG

KONA

HAWAII STATE ETHICS COMMISSION  
1001 Bishop Street, ASB Tower Suite 970  
Honolulu, Hawaii 96813  
(P.O. Box 616, Honolulu, Hawaii 96809)  
Telephone: (808) 587-0460  
Fax: (808) 587-0470  
email: [ethics@hawaiiethics.org](mailto:ethics@hawaiiethics.org)  
web site: [www.hawaii.gov/ethics](http://www.hawaii.gov/ethics)

THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII  
ETHICS COMMISSION

JUN 15 12:57

RECEIVED

For lobbying reporting period:

☐ January 1 - last day of February☒ March 1 - April 30☐ May 1 - December 31

Year of Report 2005

Contact person Karin ApplingPhone 770-399-9930Organization Kona Marina Development Group, LLCMailing Address 171 17th Street, NW Suite 1550  
Atlanta, GA 30363**PART I. TOTAL EXPENDITURES**

The total sum or value of all expenditures for the purpose of lobbying during the statement  
period was: \$ 450.00

**EXPENDITURES**

Category	Total Amount	Category	Total Amount
1. Preparation & distribution of lobbying materials		7. Entertainment	
2. Media advertising		8. Food & beverages	
3. Telegraph, telephone and other forms of telecommunication		9. Gifts	
4. Postage		10. Loans	
5. Compensation paid to lobbyists	\$450.00	11. Other disbursements	
6. Fees (other than to lobbyists)		TOTAL EXPENDITURES	450.00

**COMPENSATION PAID TO LOBBYISTS**

List in this section the names of all lobbyists and compensation paid to the lobbyists during the statement period.

Name	Address	Compensation paid
David Tamas (MCS International)	P.O. Box 6882, Kamuela HI 96743	\$450.00

**EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY**

List in this section all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the total sum of \$25 or more per person per day were made for the following persons:

Name & Address	Amount or value

**AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON**

List in this section all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Expenditures incurred in the aggregate of \$150 or more per person were made for the following persons:

Name & Address	Amount or value

**PART II. CONTRIBUTIONS RECEIVED**

List in this section all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

- ☒ This section is not applicable
- ☐ Contributions received in the total sum of \$25 or more per person were received from the following persons:

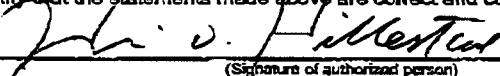
Name & Address	Amount or value

**PART III. SUBJECT AREAS OF LOBBYING**

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                                 | <input checked="" type="checkbox"/> Human Services                          | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities        | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce           | <input type="checkbox"/> Hawaiian Affairs                          | <input type="checkbox"/> Labor & Employment                                 | <input checked="" type="checkbox"/> Transportation                             |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation     | <input checked="" type="checkbox"/> Health                         | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input type="checkbox"/> Other: (indicate below)                               |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                                   | <input type="checkbox"/> Public Safety & Corrections                        |  |

I hereby certify that the statements made above are correct and complete to the best of my knowledge



(Signature of authorized person)

6-10-05

(Date)

Name of authorized person (type or print) Hilburn HillestadTitle of authorized person President